



**CONTRACTORS STATE LICENSE BOARD**  
 DATA SERVICES UNIT, 2<sup>nd</sup> FLOOR  
 9821 BUSINESS PARK DR., SACRAMENTO, CALIFORNIA  
 MAILING ADDRESS: P.O. BOX 26000  
 SACRAMENTO, CALIFORNIA 95827-1703  
 (916) 255-3975



## Microfiché - Order Form

### GENERAL INFORMATION

The cost for Microfiché is \$50.00 per month, you may pay up to one full year by Fiscal Year (July - June). When ordering, submit a check to: **Contractors State License Board, Attn: Data Services Unit, P.O. Box 26000, Sacramento, Ca 95826.**

If your request is received after the 15<sup>th</sup> of the month your order will be held until the next month.

With your first order you will also receive a manual identifying the contents of the microfiché and the addendums of codes and abbreviations. Monthly subscribers will receive update changes to the addendums as necessary.

If you have any questions regarding the microfiché order contact the **Data Services Unit** at: (916) 255-3975.

If you have questions regarding the data on the microfiché contents, contact the **CSLB Call Center** at (916) 255-3900 or (800) 321-2752.

**DO NOT WRITE IN A THRU E**  
**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

1. Business Name:		A. Date Order Rec'd:
2. Business Street Address	3. City:	B. Check Number:
4. State:	5. Zip:	C. Amount
7. How many sets per month of microfiché? (Enter Number of Sets)		D. DSU Job / Cashier #
8. How often do you want to receive microfiche? <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
9. Responsible Person: _____ Type or Print Name _____ Signature (Required)		E. Received By DSU  <u>OK TO CASHIER</u>  INIT.      DATE